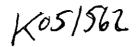


OCT 2 0 2005

TERANG NUSA Sdn Bhd



510(k) Submission for NUZONE SYNGARD Surgical Glove Powderfree

510(k) Summary

Terang Nusa Sdn Bhd Submitter Name

Submitter Address 1. Jalan 8

Pengkalan Chepa 2 Industrial Zone

16100 Kota Bharu, Kelantan, Malaysia.

+60 9 7747171 Submitter Telephone

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Contact Person LOW , Chin Guan

May 19, 2004 Date of preparation

Trade Name NUZONE SYNGARD

Common Name Powder Free Polymer Coated Polyisoprene Sterile

Surgical Glove-Aloc Vera Coated Green Colour.

Classification Surgeon's Glove

Legally marketed device to which substantial equivalence is being

claimed.

The NUZONE SYNGARD, described in this 510(k) is substantially equivalent to the Aloe Touch powder free polymer coated polyisoprene surgical gloves, sterile, coated with aloe ver, Natural colour or turquoise (blue/green) colour that

is currently marketed under 510K No. K040503.

Description of device NUZONE SYNGARD, powderfree surgical glove

> meets the requirements for surgical gloves described by the American Standard for Testing ASTM D $3577 - 01a^{62}$. and Material

Intended Use of the device NUZONE SYNGARD surgical gloves are

> disposable and sterile devices intended to be worn by healthcare personnel to prevent cross contamination between the user and the patient

during procedures.



TERANG NUSA Sdn Bhd

510(k) Submission for NUZONE SYNGARD Surgical Glove Powderfree

510 K Summary (continued)

Brief description of non-clinical tests

Test conducted per ASTM D 3577 - 01a^{c2}, ASTM D512 indicates that the product meet the

requirements.

Testing to conform to the Primary Skin Irritation test ASTM F 719-81 and Dermal Sensitization Test ASTM F 720-81. Polyisoprene is not a primary

skin irritant.

Brief description of clinical tests

Not required

Conclusion drawn from clinical and non clinical tests

It can be concluded that NUZONE SYNGARD Powder Free Polymer Coated Polyisoprene Sterile Surgical Glove-Aloe Vera Coated Green Colour glove will perform according to the performance standards referenced and therefore meets ASTM standards. FDA requirements and labeling claims.

This device is substantially equivalent to the currently marketed devices.

Additional information deemed necessary by the FDA

None





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

OCT 2 0 2005

Mr. Chin-Guan Low Managing Director TERANG NUSA SDN BHD 1, Jalan 8, Pengkalan Chepa 2 Industrial Zone Kota Bharu, Kelantan MALAYSIA 16100

Re: K051562

Trade/Device Name: NUZONE SYNGARD Powder Free Polymer Coated Polyisoprene

Sterile Surgical Glove Aloe Vera Coated Green Colour

Regulation Number: 21 CFR 878.4460 Regulation Name: Surgeon's Glove

Regulatory Class: I Product Code: KGO

Dated: September 27, 2005 Received: October 5, 2005

Dear Mr. Low:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

notte y. Michanomis.

Office of Device Evaluation

Center for Devices and

Radiological Health

Indications for Use

510(k) Number (if known): K051562

510(k) Number: <u>KOS1562</u>

Device Name: Powder Free Pol Aloe vera coated		lyisoprene sterile surgical Glove	
Indications For Use:			
This Sugeon's Glove is a device room personnel to protect a sur	e made of synthe gical wound from	tic rubber intended to be worn by opera contamination.	ting
Prescription Use (Part 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use (21 CFR 801 Subpart C)	
(PLEASE DO NOT WRITE BI NEEDED)	ELOW THIS LINE	E-CONTINUE ON ANOTHER PAGE IF	
Concurrence of	CDRH, Office of I	Device Evaluation (ODE)	_
Aux-fr Steela Muzzh	10/17/05		
n Sign-Off) n of Anesthesiology, <mark>General Hospita</mark> n Control, Dental Devices		Page 6 of 26	